



**COUNTY OF SAN DIEGO**  
**VOLUNTEER REPORT FORM**  
**PERIOD JULY 1, 2012 - JUNE 30, 2013**  
**Deadline: July 12, 2013**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
2013 JUL 10 PM 2 51

THOMAS J. PASADUEKA  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: Health & Human Services Agency - North Coastal & North Inland Regions  
Division/Unit: North Inland Family Resource Center (NIFRC)

**2. VOLUNTEER PROGRAM BENEFITS:**

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.		Hours		X	\$22.14	=	\$0.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.	16	Hours	2,635	X	\$22.14	=	\$58,338.90
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

**Clerical work including the productions of various intake and renewal packets, the mailing out of renewal letters, making of copies and resupplying of the copy machines and the interview offices, filed and purged homeless mail.**

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
N/A					\$0.00

No. of Vol.		Total Hours	0	Total Value =	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
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2a.	_____	_____	_____
2b.	_____ 16	_____ 2,635	_____ \$58,338.90
2c.	_____	_____	_____

<b>Total Vol.</b>	<b>16</b>	<b>Hours</b>	<b>2,635</b>	<b>Total Value =</b>	<b>\$58,338.90</b>
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### 3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: N/A Value: \_\_\_\_\_

<b>TOTAL VALUE =</b>	<b>\$0.00</b>
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### 4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	<b>65</b>	X	Rate	<b>\$18.94</b>	=	<b>\$1,231.10</b>
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b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	<b>12</b>	X	Rate	<b>\$18.94</b>	=	<b>\$227.28</b>
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
<b>TOTAL OF OTHER PROGRAM COSTS</b>	<b>\$0.00</b>

<b>d. TOTAL OF VOLUNTEER PROGRAM COST</b>	<b>=</b>	<b>\$1,458.38</b>
(add 4a, 4b, and 4c)		

### 5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<b>\$58,338.90</b>
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b. Total of Donations to Volunteer Program, Item 3 (Page 2)

\$0.00

c. Subtract Total of Program Costs, Item 4d (Page 3)

\$1,458.38

**TOTAL PROGRAM BENEFIT**

\$56,880.52

**6. RECRUITING:**

Please describe your recruiting programs:

**Work with Rescare manager and case workers to screen, interview and place WEX workers.**

**Completion of monthly reports on each worker and trouble-shooting problems, if any. Also, when asked, present seminars at the Escondido Rescare office.**

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2013-14:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

**HHSA/North Inland FRC's goal is to continue to provide work experience for customers who are seeking clerical experience to prepare them for employment.**

**9. GENERAL INFORMATION:**

Name of person completing report: Jacklyn Abrams

Phone: 760-740-4277 Mail Stop: N85 E-Mail: Jaclyn.Abrams@sdcounty.ca.gov

Volunteer Coordinator: Vicky Magsasay

Phone: 760-740-4135 Mail Stop: N465 E-Mail: Vicky.Magsaysay@sdcounty.ca.gov

**10. DEPARTMENT CERTIFICATION:**



**DEPARTMENT HEAD SIGNATURE**

Chuck Matthews, Deputy Director  
North Coastal & North Inland Regions

7/8/13  
**DATE**